

SOUTH CAROLINA LOCAL GOVERNMENT INVESTMENT POOL
FUNDS DEPOSIT/WITHDRAWAL REQUEST FORM

LOCAL GOVERNMENT UNIT: _____

TRANSACTION DATE: _____

FUNDS DEPOSITED INTO LGIP:

_____ CHECK _____ WIRE/ACH _____ INTERNAL TRANSFER

DEPOSIT AMOUNT: _____

ACCOUNT NUMBER: _____

FROM (BANK NAME): _____

ACCOUNT # : _____

FUNDS WITHDRAWN FROM LGIP:

_____ CHECK _____ WIRE/ACH _____ INTERNAL TRANSFER

WITHDRAWAL AMOUNT: _____

ACCOUNT # : _____

WIRE/ACH TO-BANK NAME: _____

ABA# : _____

ACCOUNT # : _____

Special Instructions: _____

AUTHORIZED BY:

Signature

Title

(Please Print Name)

Date

Please Return To: SC State Treasurer's Office
Phone: 803-734-2661 FAX : 803-734-2234
ALTERNATE FAX: 803-734-2697 (CALL WHEN THIS NUMBER IS USED)